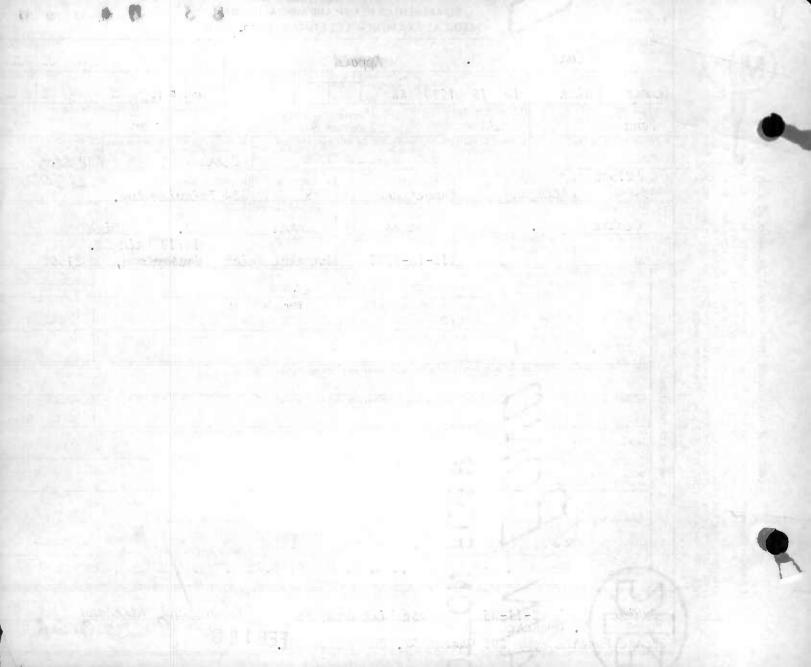
| N | 11- | FOR STATE REGISTRAR | | M | | STAT MENT OF I EXAMIN | | AND ME | ENTAL H | | 8 3 TH | REG. | NO. | 4 6 | 5 | 5 | 8 |
|--|-----------------------|----------------------------|---|-----------------------|-----------------|---|-----------|------------------|-------------------------|-----------------|---|-------------------------|-------------------------------------|---------------|----------------------|-------------|--------------------|
| 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | (TYF | CEASED NA/ PE OR PRINT) | Cora | М | | | pold | ST | | | 20. DATE OF DEATH | | ✓ MON✓ 2 | 8 | 19 | 83 | 6. HOUR 835₹ |
| HETS OF FIL WITHIN 72 HOU PRESTON STRE | - | nale | 4. RACE white | 5. DATE OF BIRT | 1894 | 6. AGE (IN YEA LAST BIRTHDA 88 YR | Y) MONTHS | DAYS | HOURS | 24 HRS. MIN. | 2c. DATE PRONOUN DEAD | | монт 2 | 8 | 19 | 83 | 9 A _M |
| S S FOR | FC | Penn | () | 76. CITIZEN OF | | | WIDOWE | o Ž | VER MARRI DIVORC | ED O | 9. BALTIM | Garı | rett | | | | MD |
| DELAY IS NI TO THE FU TO THE FU TO THE FU TO THE FU SS, 201 (%) | (| or town Daklan | d | | tt-Wee | KS Nurs | ing H | institut Iome | ION | FOR / | UAL OCCUP MOST OF WORI | PATION (1 KING LIFE) | TYPE OF WOR | | OR INDU | ISTRY | |
| | Mai | ryland | 92 IN NURSING HOME OF 13b. COUN Alle | T T | ISC CITY | OR TOWN CRIAND | 13 | YES V | TY LIMITS? | | EET ADDRE | | Ave. | 2 | 215 | 0. | 2 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND SPED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RES SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD EDRARTMENT OF HEALTH AND MONTAL HYGIENE, DIVISION OF WITALRECORD FROM TO BURIAL, CREMATION, OR REMOVAL. | | George George | ge W. | | Be | unes . | 201 | Sa | R'S MAIDE rst rah | N NAME | J | IDDLE | D | iehl | LAST | | |
| S AFTER GIVE PA FAGES I IVISION | 16a. V | NO, OR UNK | | WAR OR DATES) | 213- | 16-9531 | | inform arga | rot K | nick | | | lain | Md. | | | |
| STON ST., N 24 HOUR N ITEM 18. ALIONG W YGIENE, D | | PARTIC | OF DEATH (Enter on DEATH WAS CAUSED IMMEDIA | D BY: TE CAUSE (a) | Cerebe: | ral vas | | acc: | ident | | | | | BE | APPROXIA TWEEN OF | NSET AN | TERVAL ND DEATH |
| ECORDS, 201 W. PRESTON ST., D. BE EXECUTED WITHIN 24 HOUR ENDING" IN PENCIL IN ITEM 18. MEDICAL EXAMINER ALONG W AS A BURIAL - TRANSIT PERMIT. ALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL. | | gave | ans, if any, which rise to immediate | (b) | Arterio | SEQUENCE C | sis, | gene: | raliz | ed | | | | | Yea | rs | |
| S, 201 W. PRI CUTED WITH S' IN PENCIL I. EXAMINER JENAL TRAIN TION, OR REI | | lying co | a) stating the <u>under</u> - ause last. | (c) | | ISEQUENCE C | | | | | | | | | | | |
| L RECORDS. ULD BE EXEC. "PENDING" EP ABDICAL ED AS A BUI HEALTH AN IL, CREMATI | TION | | SIGNIFICANT CONDITIONS DE OPERATION | | | | | | SLA | RT 1 (a), | | | | | | | |
| VITAL RESPONDING TO THE AND TH | RTIFICA | 5.0 | VAL CAUSE WAS | | OF INJURY | WHICH OPER | | | | | 1 | | | 10.00 | YES [| | NO 🔀 |
| BIVISION OF VITAL RE 15. THIS CERTIFICATE SHOULD TE, WRITING THE WORD. PER RWARDED TO THE CHIEF AN SI, STATE DEPARTMENT OF HEAD 5. 21201 PRIOR TO BURIAL, C | MEDICAL CERTIFICATION | UNDERLYIN CONTRIBUT | OCCURRED | HOUR A | | DAY YEAR | 211. LOCA | | OCCURRE | D (ENTER) | NATURE OF INJ | URY IN ITEM | 18 PART I OR | PART 2) | | | |
| DIVIN THIS CEF WARDED PAGE 3 STATE DE | WEI | | NOT WHILE C | STREET E | ACTORY, FARM, E | | STRE | | | | CITY OR TOV | VN | | COUNTY | | | STATE |
| EXAMINER: CERTIFICATE ULD BE FOR J. WITH THE MARYLAND: | | 220 I cer death resu | tify that took charg ilted fram: Natur | e of the remains of | Accident | ve, held an | Aytapsy | L. Hamici | Inspection | | Inquiry ermined ma | | and in my | apinion | | | |
| CAI EX SHOULD SHOULD SAITH, WI RE, MARR. | | ACTUAL SIGNATURI | / | -41 | 1 | Ef | M.D. | - | PUTY | | ICAL EXAM | | | NED | | | 983 |
| TO MEDICAL EXAMINER. EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND | | EXAMINER' | RIJAT) | H. Fea | | | AD | DDRESS | | * | St., | Oak] | land, | Mar | yla | nd | |
| BP | 1 | Buraal | ation, removal 2 | -11-83 | | DAR HIL | | otoni | , | Cw | CATION OR TOWN Mberla REGISTRA | and RE | Alle | ounty dany | TURE | state 1d | |
| DHMH - 17 (VR A15 ME (5)) 20M 4/B2 | Ge | orge F | uneral Ho | me 202 (| Greene | St. Cu | mberl | and M | FEB. | 18 | 198? | Co. | and | y la | hie | 4 | |



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - 1 | | | | | | | | REG. | | | |
|--------|-----------------------|---|---|--|--|--|--|--|------------------|---|--|
| | | EASED NAME | FIRST | | MIGDLE | - 1 | LAST | 2a. DATE OF DEATH | MONTH | DAY YEA | R 2b HOUR |
| - 1 | (IIIFE) | | Lula | Ma | e | BARR | ON | February | 16. | 1983 | 2:00 |
| - 1 | 3. SEX | | | 4 RACE | | 5. DATE O | | 6. AGE (IN YEARS LAST I | BIRTHDAY) | IF UNDER 1 Y | EAR IF UNDER 24 |
| . 1 | | Female | | White | | Nove | mber 20, 1893 | 89 | YR | | AYS HOURS A |
| ١.١ | | RTHPLACE ISTAT | E OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | | 9 BALTIMORE CITY | | | Н |
| ĐΩ | | labama | | USA | | WIDOWE | D NEVER MARRIED L | Garret | t | | |
| 1 | | or town o | F DEATH | (IF NOT IN SU | CH FACILITY, GIVE STREET | IG HOME (| or other institution | 120 USUAL OCCUPA (TYPE OF WORK FOR MOS Sales La | T OF WORKIN | G LIFE) INDUS | ID OF BUSINESS |
| 35 | USUA 13a. S | L RESIDENCE (| F NURSING HOME OR | OTHER INSTITUTION | N, GIVE RESIDENCE BEFORE | E AGMISSION) | de | 13e STREET ADDRES | S | * | 1550 |
| \sim | | THER'S NAME | 0022 | | 0 0474 22 04 74 05 | 100 | 15. MOTHER'S MAIDEN NA | | DULE | 2 | 1330 |
| 10 | | Thomas | | MIDDLE | Coffey | | Rhoda | MIGOLE | | Chris | tast |
| _ | 16a W | | EVER IN U.S. AR | | 166 SOCIAL SECU | IRITY NO. | 17 INFORMANT | ADD | | 4 | ge Acres |
| 1 | | ES, NO OR UNKNOW | (IF YES, GIVE | WAR OR GATES) | 219-10-3 | 271 | John D. Nels | on- Box 67 | | 14 | - |
| | | PART I. DEA | IMMEDIAT | E CAUSE (a) | Pneumoni | a | 1 | | | 2 | 4 hours |
| | Z. | Canditians, if gave rise to cause (a), underlying | any, which immediate stating the cause last. | DUE TO, C | Uremia, Uremia, Oras a conseque Arterios | Dehy ENCE OF Clero | dration tic, Cardio-V | | | C Y | hronic ears |
| 2 | TIFICATION | Canditians, if gave rise to cause (a), underlying | any, which immediate stating the cause last. | DUE TO, C DUE TO, C DUE TO, C CONDITIONS C | OR AS A CONSEQUE Uremia, OR AS A CONSEQUE Arterios ONTRIBUTING TO D | Dehy ence of clero | tic, Cardio-V | | 20b. IF | C Y | hronic ears |
| 29 | CAL CERTIFICATION | Canditions, if gave rise to cause (a), underlying PART 2. OTHER 19a. DATE OF O 21e. ACCIDENT W OR CONTRIBUTING | any, which immediate stating the cause last. | DUE TO, CO DUE TO, CO (b) DUE TO, CO (c) CONDITIONS CO 19b. COND 11b. TIME COND THE HOUR A | OR AS A CONSEQUE Uremia, OR AS A CONSEQUE Arterios ONTRIBUTING TO E ONTRIBUTING TO E | Dehy ence of clero | tic, Cardio-V | 200 AUTOPSY? | 20b. IF IN CE | C GIVEN IN PAR YES, WERE FIIFYING CAU YES | hronic ears Tilai NDINGS USED SES OF DEATH? NO [|
| 29 | MEDICAL CERTIFICATION | Canditians, if gave rise to cause (a), underlying PART 2. OTHER 19a. DATE OF O 21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OC | any, which of immediate stating the cause last. SIGNIFICANT COPERATION AS UNDERLYING G CAUSE OF DEA MEDICAL EXAMINER) | DUE TO, CO DUE TO, CO CONDITIONS CO 19b. CO | OR AS A CONSEQUE Uremia, OR AS A CONSEQUE Arterios ONTRIBUTING TO E ONTRIBUTING TO E ONTRIBUTING TO E ONTRIBUTING TO E | ENCE OF Clero DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.) | TIC, Cardio-V. NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR! 211. LOCATION STREET | 200 AUTOPSY? | 20b. IF IN CE | C GIVEN IN PAR YES, WERE FIIFYING CAU YES | hronic ears Tilai NDINGS USED SES OF DEATH? NO [|
| 29 | MEDICAL CERTIFICATION | Canditians, if gave rise to cause (a), underlying PART 2. OTHER 19a. DATE OF O 21a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OF CONTRIBUTION (IF EITHER, NOTIFY 21d. I certify the | any, which any, which immediate stating the cause last. SIGNIFICANT COPERATION AS UNDERLYING COURED CAUSE OF DEA MEDICAL EXAMINER COURED AT WORK CONTINUE COURTED AT WORK COURTED at (1) (this haspit | DUE TO, C (b) DUE TO, C (c) ONDITIONS C 196. COND THE TIME C HOUR A P 21e. PLACE (AT HOME, S) | OR AS A CONSEQUE Uremia, OR AS A CONSEQUE Arterios ONTRIBUTING TO CONTRIBUTING TO CONTRIBU | ENCE OF CLETO ENCE OF CLETO OPERATIO OPERATIO AY YEAR 19 FARM, ETC.) | TIC, Cardio-V. NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR! 211. LOCATION STREET | 200 AUTOPSY? YES NAXX RED (ENTERNATURE OF IN | 20b. IF IN CE | GIVEN IN PAR TYES, WERE FII THE THE THE TYPE TO THE TYPE TYPE TO THE TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYP | hronic ears Tital NDINGS USED ISES OF DEATH? NO [] STATE |
| 29 | MEDICAL CERTIFICAT | Canditians, if gave rise to cause (a), underlying PART 2. OTHER 19a. DATE OF O 21a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OF CONTRIBUTION (IF EITHER, NOTIFY 21d. I certify the | IMMEDIAT any, which immediate stating the couse lost. SIGNIFICANT O PERATION AS UNDERLYING CAUSE OF DEA MEDICAL EXAMINER) CURRED NOT WHILE AT WORK at (1) (this hospin we) (did) (did and | DUE TO, C (b) DUE TO, C (c) ONDITIONS C 196. COND THE TIME C HOUR A P 21e. PLACE (AT HOME, S) | OR AS A CONSEQUE Uremia, OR AS A CONSEQUE Arterios ONTRIBUTING TO CONTRIBUTING TO CONTRIBU | ENCE OF CT OPERATION AY YEAR 19 FARM, ETC.) Janu 83 | tic, Cardio-V. NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR! 211. LOCATION STREET ary 3, 19 59 | 200 AUTOPSY? YES NAXX RED (ENTER NATURE OF IN CITY OR I , to Februa death accurred an the | 296. IF IN CE | GIVEN IN PAR YES, WERE FII RT IFYING CAL YES 18, PART 1 OR PAR COUNTY 220. D | hronic ears Tital NDINGS USED ISES OF DEATH? NO [] STATE |
| 29 | MEDICAL CERTIFICAT | Canditions, if gave rise to cause (a), underlying PART 2. OTHER 19a. DATE OF O 21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OC WHILE ATWORK 22a. I certify the saw the dipoye, (M) 22b. SIGNATUR 22b. SIGNATUR | IMMEDIAT any, which immediate stating the couse lost. SIGNIFICANT O PERATION AS UNDERLYING CAUSE OF DEA MEDICAL EXAMINER) CURRED NOT WHILE AT WORK at (1) (this hospin we) (did) (did and | DUE TO, CO (b)_ DUE TO, CO (c)_ DUE TO, CO (c)_ TONDITIONS CO 19b. COND 11b. COND 11b | OR AS A CONSEQUE Uremia, OR AS A CONSEQUE Arterios ONTRIBUTING TO CONTRIBUTING TO CONTRIBU | ENCE OF CLETO DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.) Janu 83 | TIC, Cardio-V. NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET ary 3, 19 59 nd that in (my) (vor) apinion DEGREE ATTENDING | 200. AUTOPSY? YES NAXX RED (ENTERNATURE OF IN CITY OR I , to Februa death accurred an the | 296. IF IN CE | GIVEN IN PAR YES, WERE FII RT IFYING CAL YES 18, PART 1 OR PAR COUNTY 220. D | NDINGS USED ISES OF DEATH? NO (2) state the causes state ATE SIGNED |

231. NAME OF CEMETERY OR CREMATORY

Beinhauer Crematory

DHMH-16 60M 1/73

TO HOSPITAL OF ATTENDING PHYSICIAN strained by the houpitol or otherdring physician

Durst Funeral (VR A 15 (41)

Oakland, Maryland

2/17/83

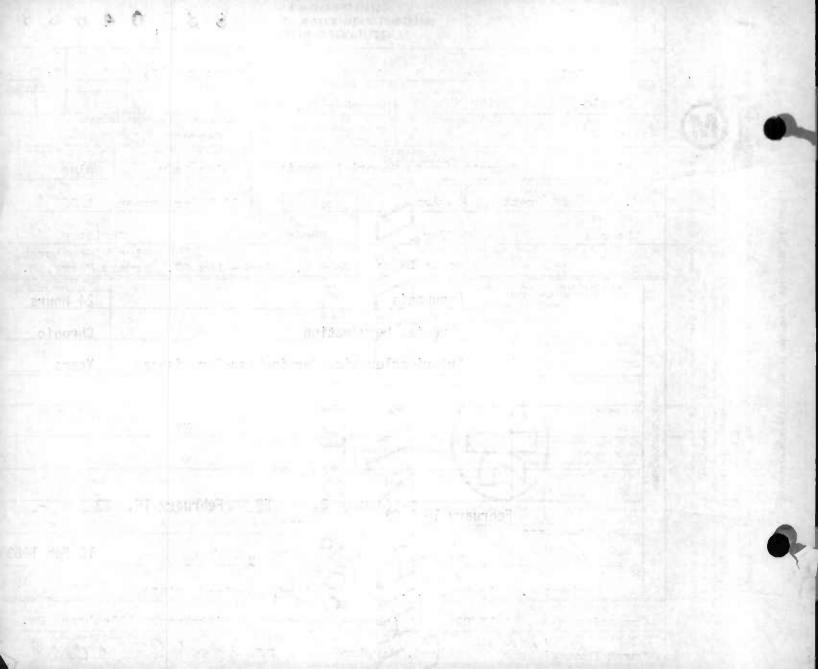
23b. DATE

Allegheny Pa. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

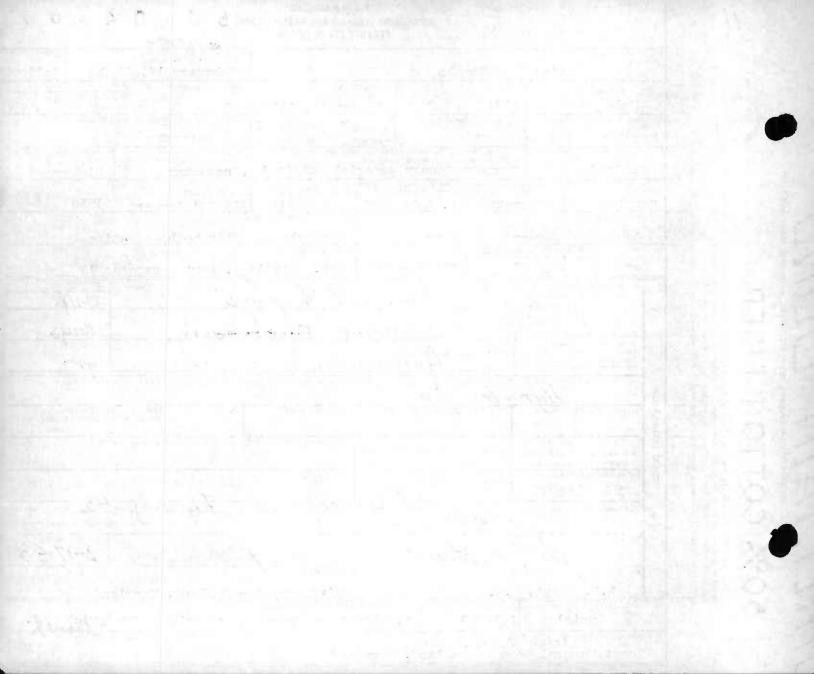
24 FUNERAL DIRECT

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

23d LOCATION CHYORTOWN Pittsburgh



STATE OF MARYLAND



| - | 1 | | | |
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within 24 hours ofter

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FOR

STATE OF MARYLAND DEDADTMENT OF BEALTH AND MENTAL BYCIEN

| E | 8 | 3 | 0 | 4 | 6 | 6 |
|---|---|---|---|---|---|---|
| | | | | | | |

| | 1 - STATE | | | | DEFARIA | | ICATE OF DEATH | REG. NO | 0. | | |
|---|--------------------------|------------------------|---------------|--------------------------------|--|------------------|---------------------------------------|--|---------------|---------------------------------------|----------------------------------|
| | 1. DECEASED | | FIRST | N | NIDDLE | L | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 2b. HOUR |
| | W. | | Joseph | Euge | ene | BEC | KMAN, Jr. | February : | 14, 1 | 983 | 530 P M |
| | a sex M | ale | | 4. RACE Wh | ite | 5. DATE C | DAY YEAR | 6. AGE (IN YEARS LAST BIRT | HDAY) YRS | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN |
| 1 | 7a. BIRTHPLA COUNTRY) | CE ISTATE OF | RFOREIGN | | WHAT COUNTRY? | MARRIE WIDOWE | DIVORCED D | 9 BALTIMORE CITY O | R COUNT | Y OF DEATH | MD. |
| 0 | 10 CITY OR T | | EATH | 11. NAME OF H | W11 | G HOME (| OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Laborer | | IFE) INDUSTRY | OF BUSINESS OR |
| 5 | USUAL RESID | | 13P CON | OTHER INSTITUTION. | GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Oaklanc | ADMISSION) | 13d. INSIDE CITY LIMITS? YES X NO | 13e. STREET ADDRESS | Greer | n St., (| |
| 0 | 14 FATHER'S J | NAME FIRST DSEPh | _ | ugene | Beckman | | 15. MOTHER'S MAIDEN NA/ FIRST Maggie | | | Fitzwa | st" |
| | (YES, NO O | EASED EVE RUNKNOWN) | (IF YES, GIVE | MED FORCES? E WAR OR DATES) | 166. SOCIAL SECU 212-14-7 | | 17. INFORMANT F. Mae Beckm | an, See #13 | SS | | |
| | | | WAS CAUSE | | Ine far (o), (b), and | | oin fail | iare | | BETWEEN O | MATE INTERVAL ONSET AND DEATH |
| | gove | tions, if ar | mmediate | DUE TO, OR | AS A CONSEQUE | NCE OF | ms of The | Lung | . 3 | mo | nThs. |
| | under | | se lost. | (c) | as a conseque | | 0 | | | | |
| | | OTHER SIG | | CONDITIONS CO | | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | | | |
| 2 | 19a. DA | TE OF OPER | MOITA | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? YES NO NO | IN CERTI | S, WERE FINDIN IFYING CAUSES ES | |
| 7 | 21e. AC | CIDENT WAS U | INDERLYING | 21b. TIME OF | Y MONTH DA | V VEAD | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18, | PART 1 OR PART 2) | 1 |

21b. TIME OF INJURY MONTH

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DAY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) YEAR 19

21f. LOCATION STREET

CITY OR TOWN COUNTY

(aur) apinian death occurred an the date and haur and fram the causes stated

STATE

saw the deceosed olive on obove (1) (we) (bid) (did no did nat) view the bady ofter death 22b. SIGNATURE

220 I certify that (1) (this haspital) attended the deceased

Cemetery

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR | PHYSICIAN

22c. DATE SIGNED

Maryland

22d. PHYSICIAN'S NAME

OR CONTRIBUTING CAUSE OF DEATH

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

2/17/83

HOUR A.M.

P.M

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

d LOCATION
CHYOR TOWN
SWanton, Garrett,

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been should be detoched for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior

HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital or attending physician. shaws ony

marked ar Item 18

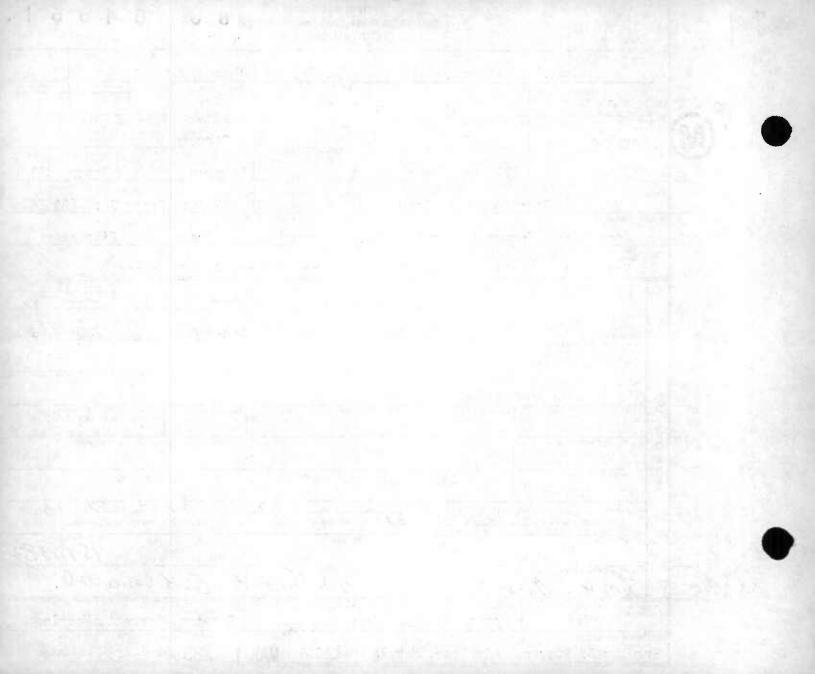
MPORTANT: If Item 21 is

MEDICAL

burial 24 FUNERAL DIRECTOR Bradley A. Stewart

Oakland, Maryland

250 DATE 21550



Grantsville.

TEO THE The property of the second SEE STATE OF THE PROPERTY OF T

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 17 | 46 11 | |
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| Ö | - 4 | |
| | - | |
| | | |

| REGISTRAR CERTIFICATE OF DEATH REG. NO. | |
|--|--|
| 1. DECEASED NAME FIRST MIDDLE LAST CUNNINGHAM February | |
| 3. SEX 4. RACE White S. DATE OF BIRTH MONTH Feb 3 1898 84 | YRS. IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. |
| 18. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED GATETT | Co. MD. |
| Oakland IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Coal Mine Coal Mi | ORKING LIFE) INDUSTRY |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN 130. INSIDE CITY LIMITS? 130. STREET ADDRESS Md Garrett Shallmar YES X NO Main St | 21559 |
| 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE CUnningham Bridgett | (Unknown) |
| 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS NO OR LINKNOWN) 1 IF YES, GIVE WAR OR DATES) 217 09 0500 David A. Buzdock Ki | tzmiller,md |
| Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS COMTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS. | CARROLL TO STORY OF THE PART TO |
| YES NO | Ob, IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO |
| 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 216 PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN | |
| 22a.1 certify that (1) (this haspital) attended the deceased from 19 3, and that in (my) (ext) apinion death occurred on the date above, (1) (we) (did) (did not) view the body ofter death. | ond hour and from the causes stated |
| 276. SIGNATURE BY ACTION DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | NO 2/4683 |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT) A F Mance 22d. ADDRESS Okkland, Md. 21550 | |
| 236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION | |

DHMH - 16 50M 1/B1 (VRA 15, 4)

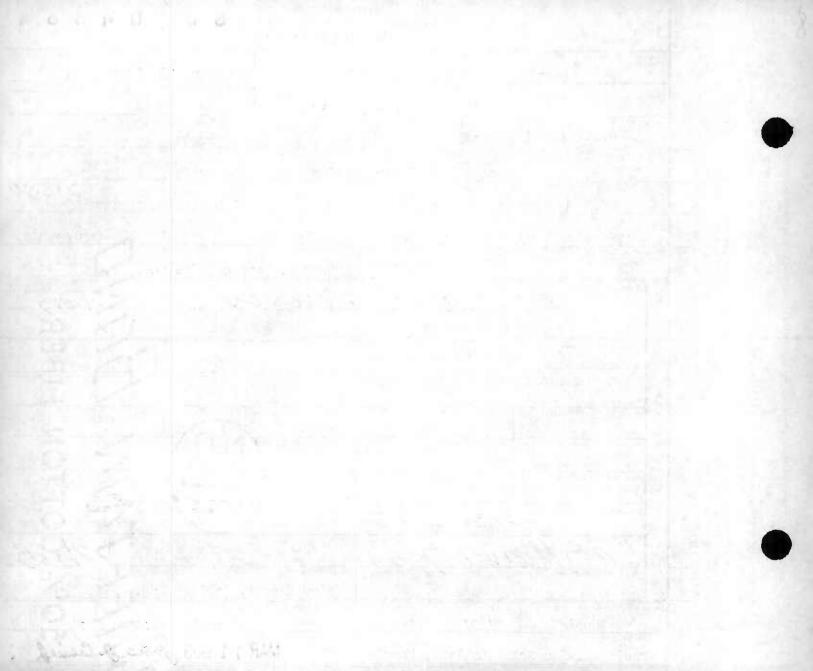
or Item 18 shaws d Mental Hygiei

> 24 FUNERAL DIRECTOR A. Burdock Kitzmiller, Md.

Zion Cemetery Swanton
Md. MAR 8 1983

Established See Section 1 MAR 8 1883 Jam J. anish

| | CEASEDITATIE | FIRST | MIDDLE | l. | AST | REG. NO | MONTH DAY YEAR | 2b HOU |
|-----------------------|---|--|---|--|---|--|---|--|
| (TYPE | E OR PRINT) | essie | Merle | DE | ETS | February 2 | 3, 1983 | |
| B. SE | -, - | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTI | | IF UNDER |
| | Female | | White | Aug. | 8, 1890 | 92 | YRS. | |
| C | IRTHPLACE (STATE OR FORE | | N OF WHAT COUNT | RY? 8. MARRIEI | NEVER MARRIED | | R COUNTY OF DEATH | |
| | lest Virgini | a III NAM | USA ME OF HOSPITAL NUM | WIDOWE | DIVORCED DIVORCED | Garrett | ON 126 KIND C | F RUSIN |
| | Oakland | Deni | nett Road | Manor N | ursing Home | Housewife | F WORKING LIFE) INDUSTRY Hom | e |
| ₩SU. | AL RESIDENCE (IF NURSING STATE 13 | GHOME OR OTHER INST BL COUNTY Garrett | 130. CITY OR T | OWN | 13d INSIDE CITY LIMITS? YES X NO | | ngton Street | 215 |
| 14 FA | Albert | MIDDLE D. | Calh | oun | 15. MOTHER'S MAIDEN NA FIRST | e Rache | | nown |
| | WAS DECEASED EVER IN YES, NO OR UNKNOWN) (| U.S. ARMED FOR IF YES, GIVE WAR OR DA | CES? 16b. SOCIAL S | ECURITY NO. | Luther D. Pa | ADDRE Arrack, Oakl | | 550 |
| | Canditions, if any, s gave rise to imme | which diote | (b) | OUENCE OF | | | | |
| IFICATION | gave rise to imme cause (a), stating underlying cause | which diote the lost DUE | TO, OR AS A CONSE | OUENCE OF | NOT RELATED TO THE TERM | 20a AUTOPSY? | 20b. IF YES, WERE FINDING CAUSES | NGS USE OF DEA |
| AL CERTIFICATION | gave rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNIF 190. DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI | which diote the DUE lost DUE IGANT CONDITION 196. GREATH HO | TO, OR AS A CONSE (c) CONDITION FOR WH TIME OF INJURY UR A.M. MONTH | TO DEATH BUT | | 200 AUTOPSY? YES NO X | 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES | VGS USE |
| MEDICAL CERTIFICATION | gave rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNIF 190. DATE OF OPERATION 210. ACCIDENT WAS UNDER | which diote the lost DUE ICANT CONDITION 19b. (CONDITION 19b. | TO, OR AS A CONSE (c) CONTRIBUTING CONDITION FOR WH | TO DEATH BUT HICH OPERATIO DAY YEAR 19 | N WAS PERFORMED | 200 AUTOPSY? YES NO X | 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES THE TIME TO THE TOTAL PART 2) | NGS USE OF DEA |
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stor, page 3 after death

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | NEO IO TRANC | | | | | | | REG. NO | | | |
|---------------|--|----------------------|---------------------|--------------|-----------------|-----------------|------------------|----------------|----------------|-----------------|----------------------------------|
| | CEASED NAME FIRST OR PRINT) | MID | DIE | | LAST | | 20. DATE OF | DEATH " | AONTH D | AY YEAR | 26 HOUR |
| | Elizabe | th | | Eng | le | | 15.7 | 2 | 16 | 83 | 1:30 |
| 3. SEX | × | 4. RACE | | 5 DATE O | | WF 4 D | 6. AGE IN YE | ARS LAST BIRTH | | IF UNDER I YEAR | IF UNDER 24 HRS |
| | Female | Cauca | sian | 2 | 8 | 1893 | | 90 | YRS. | DATS | HOURS MIN, |
| | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WE | HAT COUNTRY? | 8 MARRIE | D NEVER | MARRIED T | 9 BALTIMOR | E CITY OR | COUNTY | OF DEATH | |
| 25 | Maryland | U.S | Α. | WIDOWE | ED D | NORCED [| Ga | rret | t Co. | | M |
| 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HO | SPITAL, NURSIN | | OR OTHER INS | TITUTION | 12a USUAL O | | | | F BUSINESS OR |
| | Grantsville/ | Mennon: | ite Nu | esing | Home | | hous | | | own l | nome |
| 130. S | AL RESIDENCE (IF NUR GHOME OR | OTHER INSTITUTION GI | TE RESIDENCE BEFORE | E ADMISSION) | 113d. INSIDE | ITY LIMITS? | 13e STREET A | DDRESS. | Miles | 7 | 1532 |
| | aryland All | egany] | Frostb | urg | YES 🗌 | NO 🙀 | | 3 Fre | ostbu | irg | 400 |
| 14 FA | THER'S NAME FIRST | MIDDLE | LAST | | 15. MOTHER | S MAIDEN NAM | WE | MIDDLE | | LAS | 51 |
| | James | | Nicho. | | | rtrude | | | | rezis | |
| | VAS DECEASED EVER IN U.S. AR | MED FORCES? 16 | b SOCIAL SECU | JRITY NO. | 17 INFORM | INT | 87 | W 10PRIS | iamsh | ourg I | Place |
| | No | | 220-38- | -0358 | John | Engle | Irv | in, | Pa. 1 | 15642 | |
| | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | ly ane cause per lin | e for (0), (b), on | d (c).) | THE WATER | 331111 | 0 | THE S | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | E CAUSE (a) | wod. | 0 -/cc | hor | 4-1-1 | rela- | | | | |
| 1 | 4100 | DUE TO, OR A | S A CONSEQUE | ENCE OF | | // | | | | | |
| | Canditions, if any, which | | cer. | ~ | / | | | | | | |
| 1 | gave rise to immediate cause (a), stating the | DUE TO OR A | S A CONSEQUE | ENICE OF | 1-11-5 | | 7.3.15 | | | | |
| | underlying couse last. | (6) | 13 A CO143E GO | 1465 01 | | | | 1 | | | |
| 15 | PART 2. OTHER SIGNIFICANT (| ONDITIONS CON | TRIBUTING TO I | DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE | OR COND | ITION GIVE | N IN PART 110 | a · |
| CERTIFICATION | | | | | | | | | | | |
| CAI | 19a DATE OF OPERATION | 196 CONDITIO | ON FOR WHICH | OPERATIO | N WAS PERFO | RMED | 20a. AUTOR | PSY? | | WERE FINDIN | |
| TIFE | | | | | | | YES 🗌 | KON | YES | ING CAUSES | NO [|
| CER | 21a. ACCIDENT WAS UNDERLYING | 216 TIME OF I | NJURY MONTH DA | AY YEAR | 21c. HOW IN | JURY OCCURR | RED (ENTER NATI | JRE OF INJURY | IN ITEM 18 PAR | RT 1 OR PART 2) | |
| CAL | OR CONTRIBUTING CAUSE OF DEA | on I | MOITITE DA | 19 | | | | | | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF | | | 211 LOCATI | NC | | CITY OR TOW | 6.1 | COUNTY | STATE |
| > | AT WORK NOT WHILE AT WORK | (AT HOME, SIREET | , FACTORY, OFFICE F | ARM, ETC.] | JARCE | | | CITY ON TOWN | | COOKIT | SIAIE |
| | 22a.1 certify that (1) (this haspi | tal) attended the c | leceased from_ | | | ., 19 | , to | | . 11 | 9 | that (1) (we) last |
| | saw the deceased alive an abave, (I) (we) (did) (did na | t) view the hady aft | ler death | . or | nd that in (my) | (our) opinion o | death occurred | on the date | e and haur | and from the | couses stated |
| | 226 SIGNATURE | 2 | or goodin | | DEGREE | | | | | 22c DATE | SIGNED |
| | all the | 14 | | 111 | | PHYSICIAN | MEDICAL DIRECTOR | STAFF | AND | 2/21 | /83 |
| | 22d. PHYSICIAN'S NAME (TYT) | 4 | | | 22e. ADDRES | | | | | | 1 - 2 |
| 0 | Dr. Melv | in R. G | onzaga | | 1037 | Long | wood D | r. L | aVal | e Md. | |
| | URIAL, CREMATION, REMOVAL | | | NAME OF C | EMETERY OR | | 23d. LOCAT | ION | | | |
| (| Burial | 2/19/8 | 33 PC | orter | Ceme | tery ~ | | hart | Alle | COUNTY | Md. |
| 24 FU | INERAL DIRECTOR | | | | | 25a. DATE | | | | AR'S SIGNAT | DE L |
| | DURST FUNERAL | HOME, FR | OSTBURG, | MD. | 21532 | | FR 54 | 1983 | John | non | my |

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and camplet is should be detached for use as the burial-transit permit. Then please remove carban papers. Pages Land 2.

shauld be detached for use os the buriol-transit permit. Then please remove carban pope with the State Dept. of Health and Mental Hygiene prior to buriol, crematian, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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(VRA 15, 4)

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

| | 1. | FOR STATE REGISTRAR | DEPARTA | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | 4 6 6 3 |
|--------------------------|---------------|--|---|--|--|--|
| | | CEASED NAME FIRST OR PRINT) | MIDDLE | LAST | 20. DATE OF DEATH MONTH DAY | YEAR 26 HOUR |
| - 1 | | Nancy | Thornton | GENOVERE | February 21, 198 | 111 |
| 1 | 3. SE: | | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | MÖN | INDER I YEAR IF UNDER 24 HRS |
| A) | 7- DI | Female RTHPLACE (STATE OR FOREIGN | White 76 CITIZEN OF WHAT COUNTRY? | August 23, 1911 | 71 yes. | |
| 172 | | (OUNTRY) | | MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY OF | DEATH |
| E CO | | rginia TY OR TOWN OF DEATH | USA 11. NAME OF HOSPITAL, NURSIN | G HOME OR OTHER INSTITUTION | Garrett 120 USUAL OCCUPATION | MD. |
| 16 | | 0akland | (IF NOT IN SUCH FACILITY, GIVE STREET | Memorial Hospital | | Home |
| St be | USU, 13a S | AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN | OTHER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) | 13e. STREET ADDRESS | |
| الرغ | 11.5 | Md. Garr | rett Swanton | | Route #2, Box 275 | (21561) |
| exdmin 0 | 14 FA | THER'S NAME FIRST Julian | MIDDLE LAST Jenkin: | s Margare | MIDDLE | Cook |
| 0 | 16a V | VAS DECEASED EVER IN U.S. AR | | | ADDRESS | COOK |
| medic | (| res, no or unknown) (18 yes, give | 212-54-4 | 843 Mrs. Barbara | Herbert, See #13 | above |
| ther troumatic event, th | | PART I. DEATH WAS CAUSE | y one couse per line for (a), (b), as DBY: E CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE | NEDFA - Brai | - Henr | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| John Millory, or of | CERTIFICATION | PART 2 OTHER SIGNIFICANT C | 196 CONDITION FORWHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES NO X | ERE FINDINGS USED G CAUSES OF DEATH? |
| on 18 sho | | 2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | In _ | Y YEAR 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) |
| rked or Ite | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F. | 211 LOCATION STREET | · CITY OR TOWN | COUNTY STATE |
| 21 is mo | | 22a.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (d/d) (did not | ol) otterded the receased from | ond that in (my) (our opinion of | death occurred on the date and hour on | , that (I) (ve) lost ad from the couses stated |
| IMPORTANT: If Item | | 22b. SIGNATURE | duson | | MEDICAL STAFF DIRECTOR PHYSICIAN | 22 DATE SIGNED |
| IMPORTANT | | 22d. PHYSICIAN'S NAME (TYPE OF | S Johnson, MD | 311 North F | ourth St., Oakland | , Md. 21550 |
| 2 | | URIAL, CREMATION, REMOVAL | | AME OF CEMETERY OR CREMATORY | 23d LOCATION | |
| _ | | burial | 2/24/83 Fo | rt Lincoln Cemeter | v Bladensburg, Pri | nce Georges Mi |
| ^ 1∕81 4) | | ad.ey A. Stewar | ADDRESS | 25a. DAT | E REC'D. BY REGISTRAR AT REGISTRAR | S SIGNATURE |

MAR ! 1 1983 & Car & County &

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) OF ESTI-2 26 83 145P Willard H. HAUGH DEATH MATED 2d HOUR SEX 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE YEAR 83 2P LAST BIRTHDAY) PRONOUNCED 26 July 29, 1913 Male White DEAD 69 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) IISA Maryland DIVORCED Garrett WIDOWED 2, AND 3 TO THE PU 3. RETAIN PAGE 5 2 SHOULD BE FILED ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 17b. KIND OF BUSINESS Ret.Helper OR INDUSTRY Cupbett-Weeks Nursing Home Oakland Railroad ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN Allegany NO E Rt. 1 Box 65 Maryland Oldtown 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME C MIDDLE MIDDLE AND LAST Rickenberg John Haugh Bluie DIVISION 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Deleware Ave PAGES 1 (YES, NO. OR UNKNOWN) 213-22-4030 Edith Mohler Martinsburg, W. Va. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery disease Years , Burial - Transit Perv I and Mental Hygiene Aation, or Removal. DUE TO, OR AS A CONSEQUENCE OF 81 Arteriosclerosis, generalized Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CHIEF MEDICA SE USED AS A B IT OF HEALTH A Diabetes mellitus; Old Cereberal vascular accident CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL. YES | 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE X Inquiry | X that I took charge of the remains described above, helden Autopsy Inspection and in my opinion 22n I certiful Undetermined manner Homicide death result from Natural couses Accident TITLE (SPECIFY) 2-26-1983 DEPUTY MEDICAL EXAMINER 107 S. 2nd. St., Oakland, Maryland EXAMMER'S NAME James H. Feaster, Jr., M. D. 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g BURIAL CREMATION, REMOVAL 23b. DATE COUNTY STATE Burial Cemetery Oldtown BP. 1983 24. FUNERAL DIRECTOR ADDRESS **DHMH-17** Cumberland, Maryland (VR A15 ME (5)) Kight Funeral Home 15M 2/80

Ret. Relger DEFEAT MAC. 2, 1983 Ulctown - CHURUTY Clictown | Licitary 10

DHMH - 16 50M 1/81 (VRA 15, 4)

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| | 1. | STATE REGISTRAR | | DEPAKIN | | LTH AND MENTAL HYC | SIENE O | - 0 | | | | | | |
| | 1. DE | | FIRST / | MIDDLE | LAS | | REG. N | NO. | DAY YEAR | 2b. HO | IP (P | | | |
| | | F OR PRINT! | ristine | | He: | 2.0 | | | 002 | 9 | 7. | | | |
| | 3. SE | | 4 RACE | - | 5. DATE OF | | Feb. 2 | | 983 IF UNDER 1 YEAR | IF UNDE | R 24 HRS | | | |
| | | Female | White | | Dec. | 16. 1896 | 86 | YRS. | MONTHS DAYS | HOURS | MIN. | | | |
| | Zar Bi | RTHPLACE (STATE OR FOR | EIGN 76 CITIZEN OF | WHAT COUNTRY? | 8 | | 9. BALTIMORE CITY | | Y OF DEATH | 1. | | | | |
| 5 | | MD | US | A | WIDOWED | NEVER MARRIED | Garre | tt | | | MD | | | |
| | 10. C | ITY OR TOWN OF DEATH | 11. NAME OF H | HOSPITAL, NURSIN | G HOME OR | OTHER INSTITUTION HOME | 12a. USUAL OCCUPAT | | 12b. KIND C | F BUSIN | ESS OR | | | |
| 0 | | kland | Denne | tt Road | Manor | Nursing | Housewi | | Own | home | 9 | | | |
| - | 13a. S | AL RESIDENCE (IF NURSING | COUNTY | GIVE RESIDENCE BEFORE | ADMISSION) | d. INSIDE CITY LIMITS? | 13e. STREET_ADDRESS | The same | 2150 | 1/2 | | | | |
| 7 | | MD | Allegany | Cumber | | res NO V | Ioka D | rive | -107 | | | | | |
| In | 14. FA | Daniel | MIDDLE | LAST | 100 | MOTHER'S MAIDEN NA | ME | | LAS | T T | | | | |
| 0 | 17- 1 | WAS DECEASED EVER IN | H.C. ABWED CODCECO | Schulz | | Maria | ADDR | F.C.C | Burte | on | | | | |
| 2 | 100 V | | IF YES, GIVE WAR OR DATES) | 16b. SOCIAL SECUI | | . INFORMANT | | £55 , | | | | | | |
| | T/ | | | | 13-40-4144 Jean Grant, Deer Park | | | | | | MD | | | |
| | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| | | Conditions, if any, which gove rise to immediate cause (a), solving the Couse (b), solving the Couse (c), solving | | | | | | | | | | | | |
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| | | underlying couse last. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION C | | | | | | | | | | | | |
| | CERTIFICATION | ASCVD | , | | | | | | | | | | | |
| 2 | ICAI | 19a DATE OF OPERATIO | N 196 CONDI | TION FOR WHICH | OPERATION ' | 20a AUTOPSY? | S, WERE FINDI | DINGS USED ES OF DEATH? | | | | | | |
| 1 | RTIF | | | | | | YES NO | YI | ES 🗌 | NO [| | | | |
| 5 | | 21a. ACCIDENT WAS UNDER | | f Injury M. Month Da | Y YEAR | 1c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJ. | IRY IN ITEM 18. | PART 1 OR PART 2) | | | | | |
| 1 | MEDICAL | (IF EITHER NOTIFY MEDICAL | | | 19 | V - 05 (TION) | | | | | - | | | |
| | MEC | 21d. INJURY OCCURRED | CAT HOME STO | OF INJURY EET, FACTORY, OFFICE, FA | | If. LOCATION STREET | CITY OR TO | OWN | COUNTY | | STATE | | | |
| | | AT WORK AT WORK | | | 130 | 9 10 82 | 7.00 | 2 + | . 83 | . / | | | | |
| | 46 | sow the decease | nis hospital attended the | 10 \$ | 3 ond | hat in (my) (our) pinion | death occurred on the o | ate and ho | ur and from the | . 1. | we) ast | | | |
| | | above, (I)) we (did 22b. SIGNATURE | (did not) view the body | after death. | | GREE | | | 22c. DATE | | | | | |
| | | 1 gan | ed Zels | van, v | 0 | ATTENDING PHYSICIAN | MEDICAL STA | FF CIANIS | 12-2 | 8- | 13 | | | |
| | | 22d. PHYSICIAN'S NAM | E (TYPE OR PRINT) | | 2 | 2e. ADDRESS | J DIRECTOR FITTS | IAIVE | | | | | | |
| | | Jared | Zar | AN M | | 311 N | orth 4th | St (| Oaklan | A 1 | MD | | | |
| | 23a. E | BURIAL, CREMATION, RE | | | AME OF CEM | ETERY OR CREMATORY | 23d. LOCATION | - La | | | | | | |
| | | Burial | Mar.2 | 1983 Ro | se Hi | 11 Cem. | Cumber | band | COUNTY | 2337 | MD | | | |
| | 24. FU | JNERAL DIRECTOR | | - 100 | | 250 DAT | EREC'D BY REGISTRA | Wh REGIS | TRANS SHOWA | | 110 | | | |
| | | William (| . Kight | Cumber1 | and, | MD BIAIT | 1900 | our | - Co | - | | | | |
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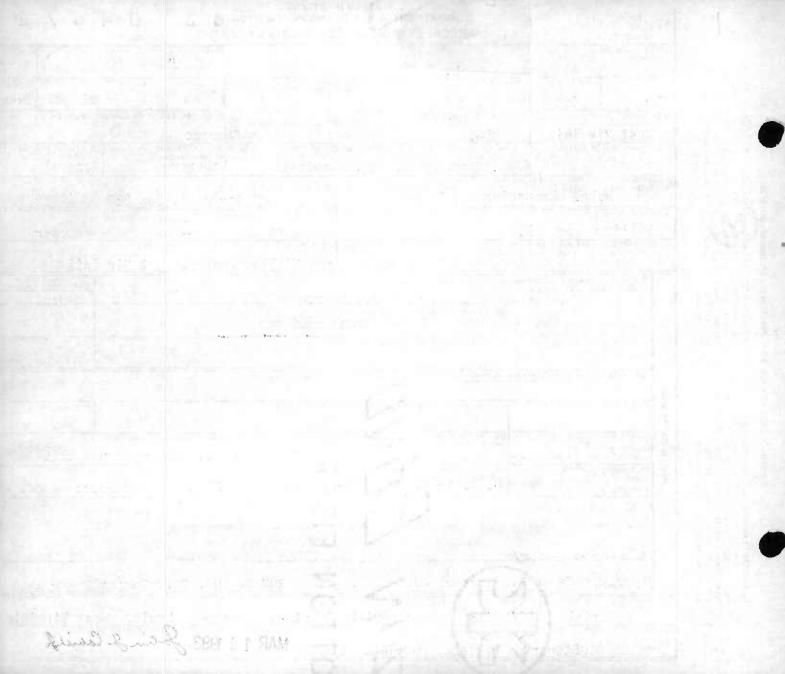
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| St. your ame to be | beging and | e Alin S | Nooe salt | 6881,5.3 | i.a | Indust | | |
| | 8.9 | PAL | C. braili | | | | | |

DHMH - 16 50M 1/81 (VRA 15, 4)

| | | | | | | | E OF MARYLAND | £"3 " 2 | 0.4 | 4 7 | 1 |
|----------|---------------|--|---|--------------------|---------------------------|--------------------|--|------------------------------|------------------------|----------------|---------------|
| | 1 - | FOR STATE | | | DEPARTA | | IEALTH AND MENTAL HYG FICATE OF DEATH | SIENE O O | UH | 0 / | |
| | 1.05 | REGISTRAR CEASED NAME | FIRST | | MIDDLE | CERTIF | TCATE OF DEATH | REG. N | O. MONTH DAY YE. | . In | |
| | | OR PRINT) | FIRST | | V. | 11, | map. | 20 DATE OF DEATH | 13 83 | | JR Za |
| 9 | 3. SEX | JPE | rge | 4. RACE | | 5. DATE | CONTY | 6. AGE (IN YEARS LAST BIR | 1000 | U | JOM |
| | 3. JL/ | MALE | | WH | नगर. | DEC. | 31 DAY 1920 | 62 | | DAYS HOURS | MIN. |
| | Zec RI | RTHPLACE (STATE OR FO | DREIGN | | WHAT COUNTRY? | 0 | | D DALTHAODE CITY O | YRS. P COUNTY OF DEAT | Н | |
| | | MD. | J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | USA | WHAT COUNTRY | | D NEVER MARRIED | | COOKIT OF DEAL | 7.5 | |
| gallill. | 10. CI | TY OR TOWN OF DEAT | ГН | | HOSPITAL, NURSIN | WIDOWI G HOME (| DR OTHER INSTITUTION | GARRETT 120. USUAL OCCUPATI | ION 12b. KII | ND OF BUSINI | MD. ESS OR |
| 1 | OA | KLAND | | CUPPET | WEEKSTRIN | URSIN | G HOME | (TYPE OF WORK FOR MOST C | DE WORKING LIFE) INDUS | | |
| 100 | USU/ | AL RESIDENCE (IF NURSIN | NG HOME OR | OTHER INSTITUTION | | | | | | 21539 | |
| 5 | 130. 3 | MD. | ALL ALL | EGANY | LONACON | ING | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | IGH ST. | 21331 | |
| | 14 FA | THER'S NAME FIRST | | MIDDLE | 1457 | | 15. MOTHER'S MAIDEN NA | ME MIDDLE | | | |
|) | | EVAN | | | UMPHREY | SR. | PHOEBE | MIDDLE | SHEPH | ŒŔD | |
| | | VAS DECEASED EVER IN | | MED FORCES? | 16b. SOCIAL SECU | | 17. INFORMANT | ADDR | ESS | | |
| | | n● | 10 700, 011 | 2 17 11 01 01 (03) | 217 90 8 | 680 | ONAS HANEKAM | P GILMOR | | 9 | 13 |
| | | 18 CAUSE OF DEATH PART I. DEATH WA | (Enter an | ly ane cause pe | (o), (b), and | 1 | | | BETV | PROXIMATE INTE | RVAL DEATH |
| | 19 | | | E CAUSE (0) | Dronch | 000 | nomonia | | 1 | D | |
| | | DUE TO, OR ASSOCIATED TO | | | | | | | | | |
| | | Canditions, if ony, gave rise to imme | | (b)_ | PONCE | 11114 | , | | 40 | eys. | |
| | | couse (a), stating underlying cause | the lost. | DUE TO, O | r as a conseque | NCE OF | | | 100 | | |
| | | | W.167 x x 18 x | (c) | | | | -3 | <u> </u> | | |
| | Z | PART 2. CTH | 1111 | e Vin | SNIKIBUTING TO L | DEATH BUT | NOT RELATED TO THE TERM | AL DISEASE OR CON | DITION GIVEN IN PAI | ₹T 1(a | |
| | ATIC | 19u DATE O OPERATI | ION | VOX. COND | ITICIN FOR WHICH | OPERATIO | WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FI | NDINGS USE | D |
| 1 | IFIC | 100000000000000000000000000000000000000 | | | 1 | / | | YES NOTE | IN CERTIFYING CAL | USES OF DEA | |
| - | CERTIFICATION | 210. ACCIDENT WAS UNDE | RLYING [| | | - | 21c. HOW INJURY OCCUR | | | | _ |
| 1 | | OR CONTRIBUTING CA | | AIRI | m. month da m | AY YEAR | A SHELL OF | | | | |
| | MEDICAL | 21d. INJURY OCCURRE | | 21e PLACE | | | 211. LOCATION | CITY OR TO | WN COUNT | γ . | STATE |
| ı | Z | AT WORK AT WORK | LE 🗌 | (A) HOME SI | REET, FACTORY, OFFICE, F. | ARMEICI | 1 | 71 | 0. | | |
| 1 | | 22a. I certify that (1) (| | | | 741 | 19.79 | _, to_feb | 1906 | , that (I) (| |
| | 7 | saw the ceased above, (1) (we) (di | d olive on id) (did no | with the body | after death. | | d that in (my) (our) opinion | death occurred on the de | ate and hour and from | the couses st | ated |
| | | 22b. SIGNATURE | 28 | 14.81 | n | | DEGREE | ✓ MEDICAL STA | | ATE SIGNED | nu |
| | | 14 | UF | urwi | | | ATTENDING PHYSICIAN | DIRECTOR PHYSIC | | 1-13-0 | ry |
| H | | B. L. GRA | NT | 18 FR(NT) | | | OAKLAND MD. | | | | |
| | | | | 7 | - | | | | | | |
| 9 | | SURIAL, CREMATION, R | REMOVAL | 27E DATE | 0 | -0 | CEMETERY OR CREMATORY | 23d. LOCATION | COUNTY | 1.50 | STATE |
| | 74 51 | BURIAL | att | E/10/0 | 13 PAY | MITTI | CEMETERY 250. DAI | | G ALLEGANY | | - |
| d | 27 FC | NAME | Ma | 1 | P.A. WES | | - | FR 1 8 198? | ZJB. REIDIS KAK S SIG | 15 Celu | ug. |
| | | BOALS FINE | RAL | SHIEVICH. | P.A. WHS | THIRNE | CIRCL WID. | LU - 0 100. | 1/ | | |

THE REPORT OF THE PARTY OF THE THE STATE OF THE THE STATE OF T

| X | ١, | FOR | | | DEPART | STA MENT OF | | ARYLAN I AND ME | | IYGIEN | 3 | | 0 | 4 | 5 7 | 2 |
|--|-----------------------|--------------------------|---------------------------------|---|----------------|--------------------------------------|--------------|-----------------------|---------------|-----------------|----------------------|--------------------------|-------------|---------------|----------------------------------|----------------|
| | 1- | STATE REGISTRAR | | MI | EDICAL | EXAMIN | IER'S | CERTIFIC | CATEO | FDEA | TH | REG. | NO. | | | |
| | | CEASED NAME | FIRST | | WIDDLE | | | LAST | | 2 | a. DATE OF | KNOWN ESTI- | MON X | TH DAY | Y YEAR | 2b. HOUR |
| FUNERAL DIRECTOR. 5. FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET, | | CONTROLL | William | n | L. | | J | OHNS | | | DEATH | MATED | | | 1983 | 7:45 |
| E PE | 3. SEX | 4. | RACE | 5. DATE OF BIRTH | YEAR | 6. AGE (IN YE | | DER 1 YR. | IF UNDER | | RONOUN | NCED | MON | | | 2d. HOUI |
| N | Ma | ile | White | May 25, | 1918 | C 1 | RS. | DAIS | HOOKS | | DEAD |) | 2 | | 1983 | 8:48 |
| EST | Je B | RTHPLACE (STAT | EOR | 76. CITIZEN OF V | VHAT COU | NTRY? | 8. MARR | IED NEV | VER MARRI | IED X | | ORE CITY | OR CO | JNTY OF | DEATH | |
| 100/ | | West Vii | rginia | USA | | 7.6.2 | WIDOV | | DIVORC | | rett | | | | 200 | M |
| 8/5 | (| iy or town of Oakland | | 11. NAME OF HO (IF NOT IN SUCH (DOA) Ga | rrett | Co. M | em. H | er institut Ospita | al | FOR M | abore | PATION (T RKING LIFE) | YPE OF WO | Ge IZb. K | cind of Bu or Indust neral | JSINESS IRY |
| Second Se | | TATE W. | /a. Har | or other institution. http iipshire | 13c_CIT | e BEFORE ADMISS Y OR TOWN MNEY | ION) | 13d INSIDE CI | NO 🔯 | 13e STRE ROU | te # | 1, Bo | x 22 | 67 | 1267 | '57) |
| X | 14. F | ATHER'S NAME | | WIDDLE | | LAST | | 15. MOTHE | R'S MAIDE | NAME | N | AIDDLE | | | LAST | |
| VIY | | William | | R. | | ohns | | F | Reva | | | | | В | utche | r |
| 3 | | VAS DECEASED I | N) (IF YES, GIVE | WAR OR DATES) | 1.0 | CIAL SECURI | | 17 INFORA | | | | ADDRE | | | | |
| 3 | | Yes | Ur | nknown | 23 | 2-36-7 | 490 | Don 4 | <u>Villis</u> | s, We | ston | , Wes | t Vi | | | |
| 2 | | 18 CAUSE OF | DEATH (Enter or TH WAS CAUSE | nly one cause per lin | ne for (o), (b | o), ond (c).) | | | | | | | | BE | APPROXIMAT | ET AND DEATH |
| SIENE, D | | 019 | | TE CAUSE (a) | | ractur | | Vetel | bra | | | | | S | udder | 1 |
| | | Conditions | , if any, which | | | nsequence | | k acci | ident | | | | | | | |
| OR: PAGE 3; HOUD BE USED SA BURRAL - IRANSII NE STATE GEPARTMENT OF HEALTH AND MENTAL HYN NHD 21201 PRIOR TO BURRAL, CREMATION, OR REMO | 1.7 | gave rise | ta immediate | (b) | | | | n acc. | racire | | - 19 | | | | | |
| Z Z | | lying couse | oting the <u>under</u> lost. | DUE TO, C | RASACO | NSEQUENCE | OF | | | | | 7 | | | | |
| 9 | | BART 2 OTHER CICH | IFICANT CONDITIONS | (c) | II SHY HAY BEL | ATER TO THE TERM | | | | | | | | | | |
| EX. | z | PARE 2 UTHER SIGN | IFICANT CONDITION: | CONTRIBUTING TO DEAT | N BOL HOT KEL | ALEU IU INE IEKI | MINAL UISEAS | E UK CONUITION | N GIVEN IN PA | R1 1 (a). | | | | | | |
| 1 × × | 18 | 19a DATE OF C | PERATION | I 19h. CONE | ITION FOR | WHICH OPE | RATION | AS PERFOR | MED? | | | | | 20 | AUTOPSY | (? |
| RAI | FIC | | | | | | | | | | | | | | YES 🔯 | NO 🗆 |
| - BC | ER | 21a. EXTERNAL | | 21b. TIME C | DF INJURY | | 21c. H | OW INJURY | OCCURRE | D (ENTER N | ATURE OF IN | JURY IN ITEM | 18 PART 1 C | OR PART 2) | | |
| A T | MEDICAL CERTIFICATION | UNDERLYING | © OR G ☐ CAUSE OF | | | 21 1983 | AD AD | parent | t oper | rator | of | pick- | up t | ruck | wrec | ked. |
| PRIC | DIG | 21d INJURY OC | | 21e PLACE | OF INJUR | Y (ATHOME, | 1211 LC | CAHON | T | | | | T | | | |
| 2 | Z. | WHILE AT WORK | NOT WHILE | U. S | . Rt. | 50 | | ral Rt | t. 2 | 0a | klan | | Ga | rret | :t | Md. |
| 5 | | | / | | | | Autor | (X) | Inspectio | | Inquiry | | | y opinion | | |
| INA. | | death resulted | | ge of the remains d | Accident | K ¬ | uicide | Homic | | | inquiry ermined m | |] | 2 ohmon | | |
| 3/ | | geath resulted | nom: Noti | norcouses, | Accipient | LJ, 3 | JICIOP L_ | TITLE (S | | Undere | mined m | Onner L | | | | |
| , × | | ACTUAL ACTUAL CO | Sam | M | 1- | =/1 | 1 | DEPL | | MEDI | CAL EXAM | MINED | DA | ATE GNED - | 22-19 | 183 |
| ORE | 1/ | 1 | | | | V | | | | | CALLAAA | VIII VEIX | 3, | | | |
| AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | 1 | TYPE OR PRINT | AME James | H. Feas | ter, | Jr., M | . D. | ADDRESS_ | 107 | | | St., | 0akl | and, | Mary | land |
| AA T | 23o. B | URIAL CREMATI | ON, REMOVAL | 23b. DATE | 23с. | NAME OF CE | METERY | | | CHYC | CATION | | | COUNTY | | STATE |
| | | | rial | 2/25/83 | В | utcher | ville | | | | ton, | Lew | | | t Vir | rginia |
| 17 | | UNERAL DIRECT | | ADDRE | | | | 4 | MAR MAR | | 1983 | AR 276. RE | GISTRA | 2 6 | held | |
| (5)) | Bı | radley A | . Stewa | rt Uakl | and, | Maryla | nd 2 | 21550 | (AIV-) | 1 4 | 1000 | 0 | -0 | | | |
| 20M 4/B2 | | | | | | | | | | | | | | | | |

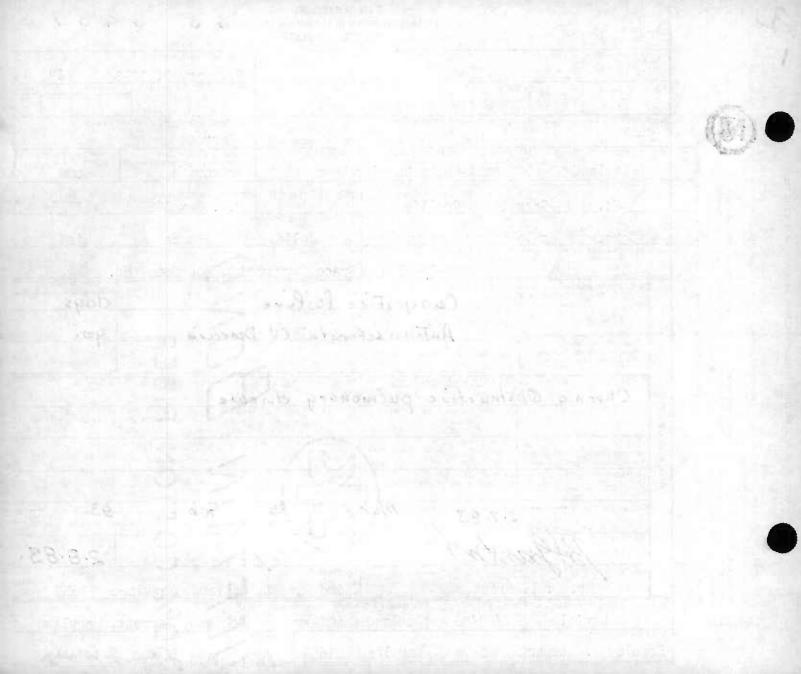


FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



by the attending physicia

poge 3

| FOR STATE REGISTRAR | | | RTMENT OF HEA | ATE OF I | MENTAL HYG | | REG. NO. | 0 4 6 | 7 4 |
|---|---|--|----------------------|----------------------|----------------|------------------|----------------------------|---|--|
| 1. DECEASED NAME (TYPE OR PRINT) | FIRST | WIDDLE | LAST | | | 20 DATE OF DE | | 1983 | 26 HOUR |
| | Roy | D. | Kepl | | r | Febru | | | |
| 3. SEX | 4. RA | | 5. DATE OF I | BIRTH | YEAR | 6. AGE (IN YEARS | LAST BIRTHDAY) | MONTHS DAYS | |
| Male | | Th i te | Aug. | 31 | 1895 | 8 | 7 YRS | 5. | |
| COUNTRY) | TE OR FOREIGN 76 C | ITIZEN OF WHAT COUNT | RY? 8. MARRIED |] NEVER | MARRIED - | 9. BALTIMORE | CITY OR COUN | ITY OF DEATH | |
| Grant Co | | J.S.A. | WIDOWED | | VORCED | Garre | tt Cou | nty | M |
| CITY OR TOWN O | | VAME OF HOSPITAL, NUI | | OTHER INS | TITUTION | 12a USUAL OCC | UPATION MOST OF WORKING | | OF BUSINESS OF |
| Oakland | | arrett Me | | Hosp: | ital | Retir | | | tvaco |
| JAL RESIDENCE (1 | F NURSING HOME OF OTHER | INSTITUTION, GIVE RESIDENCE BE | FORE ADMISSION) | | | 13e. STREET ADD | | | 2666 |
| WV | Minera | | | ES X | NO 🗍 | | rskade | - /- | 7777 |
| FATHER'S NAME | | | | MOTHER' | S MAIDEN NA | ME | | | 7 |
| Char | MIDDLE | | inger | 1 | Etta | | IDDLE | Turr | 1AP |
| Conditions, if gove rise to couse (o), underlying (| IMMEDIATE CA ony, which immediate storting the couse lost. | USE (o). Strep DUE TO, OR AS A CONSE (b) Chron DUE TO, OR AS A CONSE (c) OITIONS CONTRIBUTING | OUENCE OF | | emor uch'uz | inal Disease O | disce | BETWEEN 6 | MATENTERVAL LONSET AND DEATH CLAYS |
| 21a. ACCIDENT W | NE | 96 CONDITION FOR WH | | 3 -53 | RMED | | IN CER | YES, WERE FINDI RTIFYING CAUSES YES | |
| ⋖ | MEDICAL EXAMINER) | P.M | 19 | 100171 | 201 | | | 11/18 | |
| 21d. INJURY OC | | 1e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFF | | II LOCATIO STREET | | CI | TY OR TOWN | COUNTY | STATE |
| saw the de | eceased alive on_ we) (did) (did not) view | the body olter deoth. | 9. 83 , and t | GREE | ATTENDING | MEDICAL | STAFF | nour and from the | that (I) (we) lose couses stated |
| 22d PHYSICIAN | SMAME LIVE OF PRIN | u rais | 100 | 2e. ADDRES | | DIRECTOR | PHYSICIAN [| 1 | 100 |
| JA A | PADIT | A WAIRE | - 0 | H. | / | 11 / | 1. | 1/2 | -10 |

23c NAME OF CEMETERY OR CREMATORY

85 South Main Street Keyser, WV 26726

Hebron

23d. LOCATION
CITY OF TOWN
Maysvi

FEB 1

25a.

STATE

COUNTY

e

BY REGISTRAR 256, AGGISTRAR'S SIGNATURE 4 1983

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumotic event, the shauld be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, TO FUNERAL DIRECTOR: After this certificate has been signed retained by the hospital ar TO HOSPITAL OR BP. DHMH - 16 50M 1/81 (VRA 15, 4)

23a. BURIAL, CREMATIC (SPECIFY) **Burial**

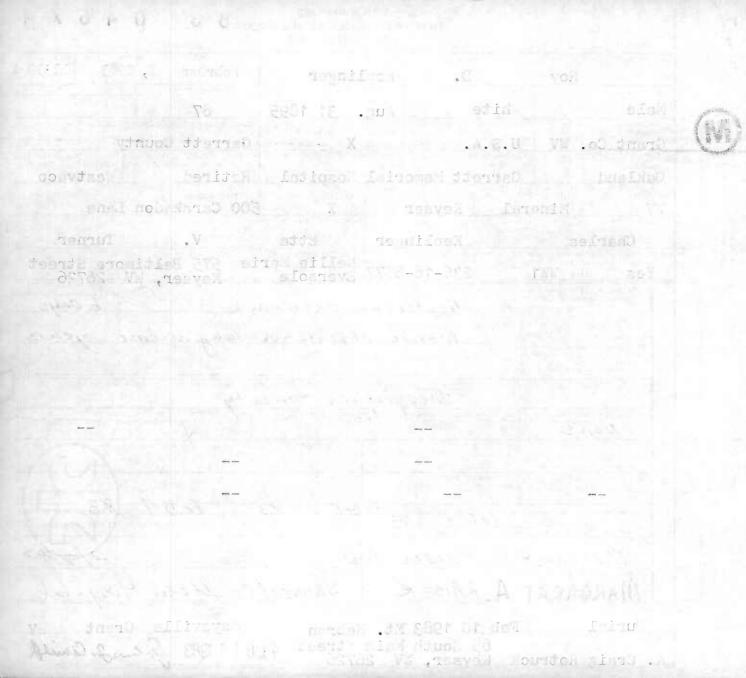
24 FUNERAL DIRECTOR

Craig Rotruck

23b DATE

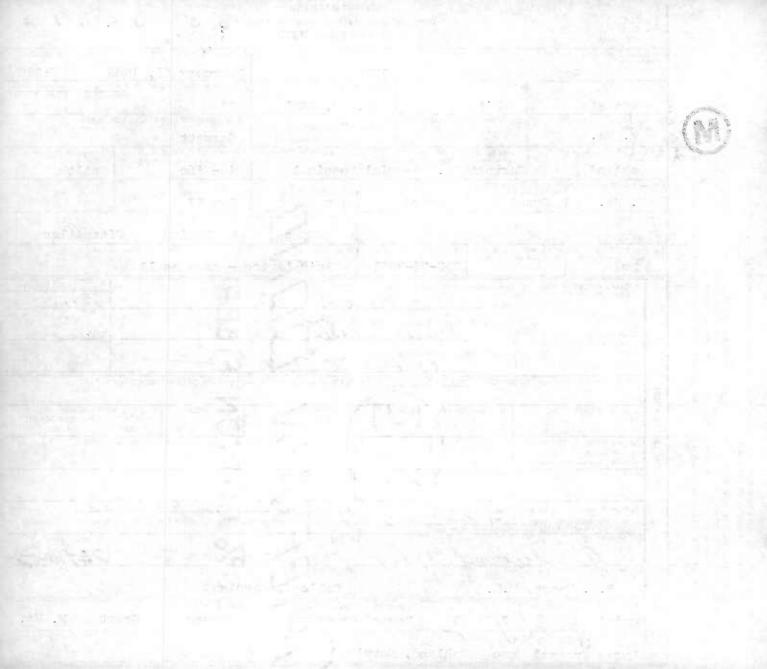
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ATTENDING

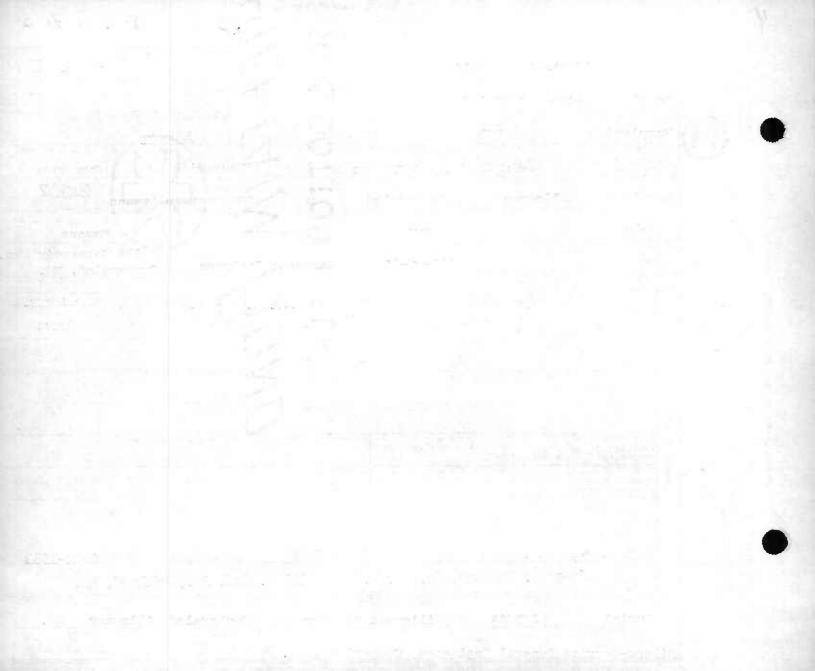


DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH I. DECEASED NAME MIDDLE MONTH 2b. HOUR (TYPE OR PRINT) LAYTON Sue Hovt February 21, 1983 6:25p M 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS HOURS White Oct. 30. 1891 Female MRTHPLACE ISTATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED USA Garrett WIDOWED DIVORCED | W CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Oakland Garrett Co. Memorial Hospital Mid-Wife Health MARYLAND 21201 USUAL RESIDENCE (IF NURSERE HOSELES OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE U34 COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS Box 97 W. Va. Grant Bayard YES K NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Kitzmiller Emma Boring ADDRESS BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 233-96-3991 Elgin Layton - same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for its that and its PART I. DEATH WAS CAUSED BY: PRESTON ST., IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a), stating other DUE TO, OR AS A CONSEQUENCE OF 3 underlying couse 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION prior be 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? per YES \ NOR YES [NO [certificote ş Mental Hygi 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 20 21d. INJURY OCCURRED 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SJGNED * ATTENDING MEDICAL STAFF Shauld be deto with the State PHYSICIAN | MPORTANT: DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Oakland, Maryland A.E. Mance, M.D. 230, BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial 2/24/83 Bayard Cemetery Bayard Grant 250. DATE REC'D. BY REGISTRARUSE REGISTRAR'S SIGNATURE 24. FUNERAL DIREC DHMH-16 60M 1/73 (VR A 15 (4)) Durst Funeral Home Oakland, Maryland

STATE OF MARYLAND



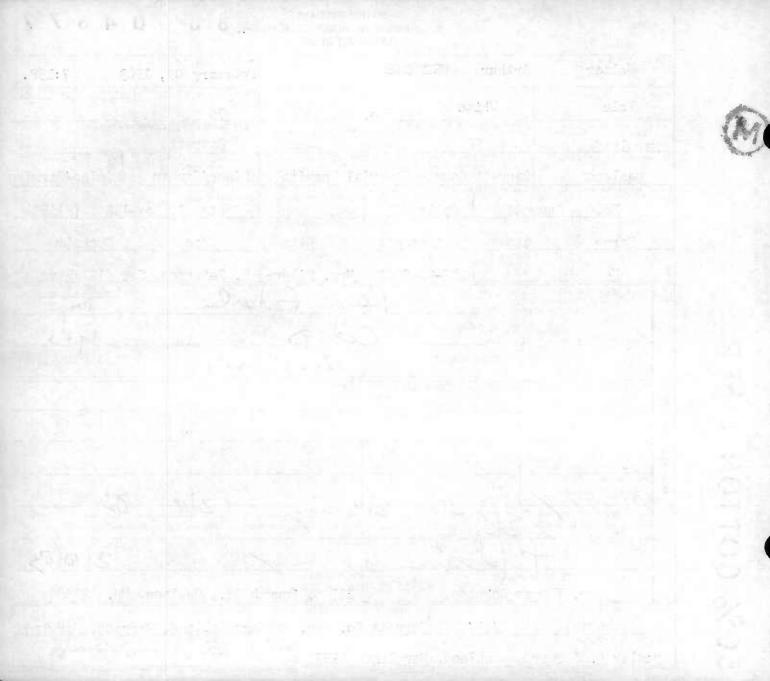
| 4 | 1- | FOR STATE REGISTRAR | M | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | | | | | | | | |
|--|---------------|---|--|---|-------------------------|------------------------------------|---|---------------------|--------------------|-------------------------|--|--|
| 2828E | | CEASED NAME FIRST E OR PRINT) Elizab | eth J | widdle Mo | ORRIS | | 20. DATE KNOWN OF ESTI- DEATH MATED | 2 2 | 8 83 | 2b HOUR | | |
| RY, PEASE DIRECTOR OUR FILES INT HOURS ON STREET | 3. SE) F∈ | 4.RACE White | 5. DATE OF BIRT MONTH DA 3/30/13 | Y YEAR LAST BIRTHD | AY) MONTHS DA | | 4 HRS. 2c. DATE MIN. PRONOUNCED DEAD | 2 2 | 8 83 | 2d. HOUR | | |
| MECESSARY UNSERALDIS CONTROL OF CONTROL OF C | Ma | RTHPLACE (STATE OR REIGN COUNTRY) LTYLAND | 76. CITIZEN OF USA | WHAT COUNTRY? | 8. MARRIED WIDOWED | NEVER MARRIEI | | _ | OF DEATH | MD | | |
| DELAY IS 1 TO THE F 1 N PAGE 20S F F | Oa | ty or town of death kland | Dennett | OSPITAL, NURSING HOMI HEACILITY, GIVE STREET ADDRESS) Road Manor 1 | Vursing | | 120. USUAL OCCUPATION FOR MOST OF WORKING LIFE) Housewife | (TYPE OF WORK 12 | OWN HOM | RY | | |
| 21201 RETA ANY RETA HOULE | 13a. S | AL RESIDENCE (# IN NURSING TO TATE 134. CO Tryland Al | ME OR OTHER INSTITUTION DUNTY legany | 13c. CITY OR TOWN Cumberals | ON) 13d. IN | SIDE CITY LIMITS? | 3e STREET ADDRESS 508 Eastern | Avenue | 2150 | 2 | | |
| DEATH IF GES 1, 2, M PM 3, AND 2 S OF WEAL | | THER'S NAME FIRST John | WIDOLE | Bowe Bowe | | OTHER'S MAIDEN FIRST Margare | NAME MIDDLE | Me | LAST Eyers | | | |
| BALTIMORE, S. AFTER DEAT GIVE PAGES ITH FORM PI PAGES I ANI IVISION OF PAGES IVISION OF PAG | 16a. V | No | GIVE WAR OR DATES) | 166 SOCIAL SECURIT | | rgaret C | ochrane ochrane | Cumberal | eservoi lnd. Md | r Ave | | |
| PRESTON ST., BALTIMORE, MD. ITHIN 24 HOURS AFTER DEATH. IF EX ALONG WITH FORM PM. 3. ANSIT PERMIT. PAGES 1 AND 2.8 ALHYGIENE, DIVISION OF WAYAL REMOVAL. | 8 | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Acute viral syndrome | | | | | | | | | | |
| W. PREST WITHIN WINER A MINER A TRANSIT INTAL HY OR REMC | | Canditions, if any, which gove rise to immediate couse (a) stating the under- | | | | | | | | | | |
| ECUTED S. IN PE AL EXAM FURIAL- IND MEI | | lying cause lost. (c) Arteriosclerosis, generalized | | | | | | | | | | |
| RECORDS, D BE EXEC PENDING" MEDICAL ARBICAL REALTH A NU EALTH A NU CREMATI | NOIL | PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). Recent CVA | | | | | | | | | | |
| SHOULD SH | CERTIFICATION | | | | | | | | | 0. AUTOPSY? YES □ NO ▼ | | |
| S CERTIFICATE WRITING THE WRDED TO THE SE 3 SHOULD BE DEPARTMENTO TO BE DEPARTMENTO FOR PRICE TO BE SOURCE TO | MEDICAL CE | 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O | DF DEATH P | ÖF INJURY I.M. MONTH DAY YEAR I.M. 19 | 21c. HOW INJ | URY OCCURRED | CENTER NATURE OF INJURY IN ITEA | A 18 PART 1 OR PART | 2) | | | |
| HIS CER WRITING ARDED AGE 3 SI ATE DEP | MED | 214 INJURY OCCURRED WHILE AT WORK ALWORK | | E OF INJURY (AT HOME, ACTORY, FARM, ETC.) | 21f. LOCATIOI STREET | V | CITY OR TOWN | COUN | iTγ | STATE | | |
| TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. BROCKE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER PEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | 22a certinal trivital taok charge of the remains described above, help Autapsy Inspection Inquiry and in my apinion death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER DATE SIGNED. | | | | | | | | | | |
| MEDIC ECUTE T GGE 4 SI GGE 4 SI FUNER TTER DEA | - (| EXAMINER'S NAME ATTE | H. Feast | er, Jr., M. | D. ADDRE | 107 S. | 2nd. St., 0a | | | | | |
| BP | (5 | JRIAt, CREMATION, REMOVA PECIFY) Burial JNERAL DIRECTOR | 3/2/83 | 23c NAME OF CEA Hillcres | | ery | 23d LOCATION CHYORTOWN CUMberalnd | COUNTY Allegan | ny Md | ATE | | |
| DHMH - 17 (VR A15 ME (5)) 15M 2/80 | - | NAME LCOX-Merritt I | ADDRE | | berland | # AAA | C'D. BY REGISTRAR 256. RI | EGISTRAR'S SIG | NATURE | up. | | |



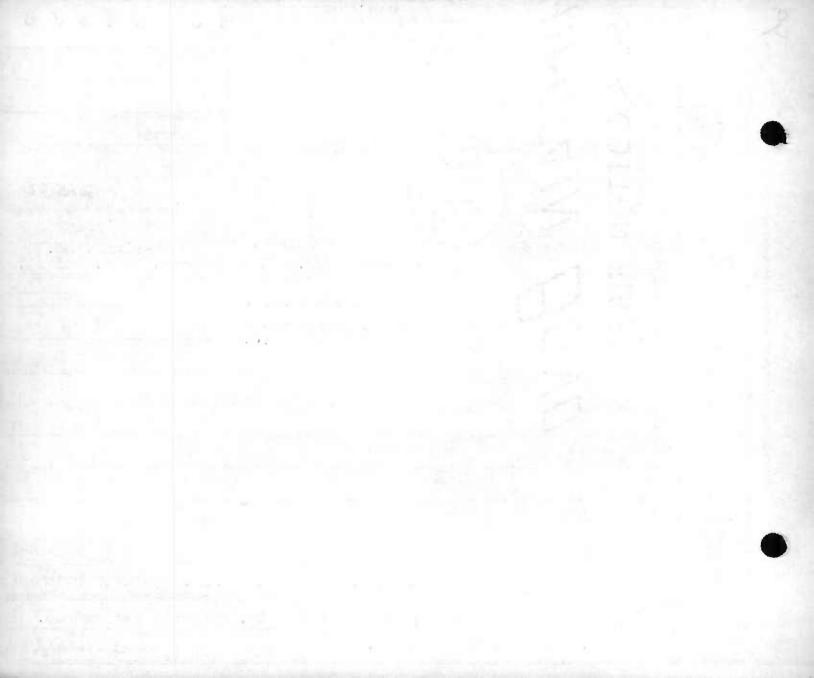
| | | FOR STATE REGISTRAR | | DEPAR | TMENT OF I | E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH | GIENE 8 3 | 0 4 | 671 | | |
|---|---------------|--|---|---|------------|--|--|--|---|--|--|
| 16 | | ECEASED NAME FIRST | Arthur | PETE | RSON | LAST | February O | | 26. HOUR 7:15P. _M | | |
| 0000 | 3. SI | Male | | White | | DF BIRTH DAY 1912 | 6. AGE (IN YEARS LAST BIR | | IF UNDER 1 YEAR IF UNDER 24 HRS. | | |
| 34 | | SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | US | | MARRIE | | 9 BALTIMORE CITY O | | MD. | | |
| 16 | | Oakland | Garrett | t County | Memor | ial Hospital | 120 USUAL OCCUPATION OF MOST O | F WORKING LIFE) INDU | and of Business or ustry ing/Farming | | |
| Sem Se | 130 | 14.1 | e or other institution DUNTY rett | GIVE RESIDENCE BEFO 130. CITY OR TO Oaklar | WN | 13d INSIDE CITY LIMITS? YES NO X | | Box 193 | (21550) | | |
| 0 6 | | Harry WAS DECEASED EVER IN U.S. | Otto | Peters 166 SOCIAL SEC | | FIRST Etta | Mae ADDRE | Bu | uckalew | | |
| rs. Pages | | (YES, NO OR UNKNOWN) (IF YES | . GIVE WAR OR DATES) | 176-03- | -3553 | | d L. Peterso | on, See #1 | APPROXIMATE INTERVAL | | |
| iolose remove carbon particlesse remove carbon particles cremation, or remaxor ar other traumatic event | | PART I. DEATH WAS CAUSE DBY: 1960 MMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last DUE TO, OR AS A CONSEQUENCE OF CC) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS | | | | | | | | | |
| hows any injury, | CERTIFICATION | PART 2. OTHER SIGNIFICAL | | | | n was performed | 200 AUTOPSY? YES \(\text{NO} \(\text{X} \) | 206. IF YES, WERE FIN CERTIFYING CA | FINDINGS USED AUSES OF DEATH? NO [] | | |
| te burial-trans ad Mental Hyg d or Item 18 s | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM | DEATH HOUR A | OF INJURY .M. MONTH .M. OF INJURY PREET FACTORY, OFFICE | 19 | 211 LOCATION STREET | CITY OR TO | | | | |
| d for use os tl . af Heolth or n 21 is morke | | 22a. I certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did | 08 7 9 | 0) 10 | , ai | nd that in (my) (gor) opinion | death occurred an the do | ate and haur ond Iro | , that (I) (we last m the causes stated | | |
| should be detoche with the Stote Dep IMPORTANT: If Ite | | 226. SIGNATURÉ 226. PHYSICIAN'S NAME (1) | PE OR PRINT; | mn | | DEGREE ATTENDING PHYSICIAN 12e. ADDRESS | MEDICAL STAF | | DATE SIGNED | | |
| Shaura with th | 23a. | BURIAL, CREMATION, REMOV | omas Johr | | NAME OF C | 311 N. Four | th St., Oak | land, Md. | 21550 | | |
| _ | | burial UNERAL DIRECTOR | 2/13 | | | Co Mom Can | done Onlalane | d, Garrett | Mara Tanad | | |
| A 1/BI 4) | | radlev A. Stew | art. Oak | land Ma | rvlan | 1 21550 MAR | TE REC'D. BY BESISTRAR | CONTACTOR IN THE CONTAC | anie d | | |

Oakland, Maryland 21550

Bradley A. Stewart



| - 1 | FOR 1 - STATE REGISTRAR | | | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 0 4 6 7 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | | | | | | | | | | | 8 | | |
|--|--|---|---|---|---|-------------|------|-----------|-------------|-----------|---|-------------|----------|-------------|-----------------------|-----|-------------------------------|
| 22 01 22 22 12 | | EASED NAME FIRST EVA | | Belle | | | | Pyles | | | 20. DATE KNOWN MONTH OF ESTI- DEATH MATED 2 | | | 2 | 25 ₉ 8 | | 26. HOUR 1245 _M |
| STATE | em. | nale | Whinte | 5. DATE OF BIRTH | 388 | LAST BIRTHE | | DER 1 YR. | IF UNDER 2 | MIN, P | RONOUI DEAD | NCED | | 2 | 25 ₁₉ | _ | 2d HOUR 115,P |
| (M) | TO. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna 10. CITY OR TOWN OF DEATH Oakland | | | TE CITIZEN OF WE | 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED □ NEVER MARRIED □ 9 BALTIMORE CITY OR CO USA WIDOWED ☑ DIVORCED □ Garrett | | | | | | | MD. | | | | | |
| B # 8 40 | | | | | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION HENOT IN SUCH FACILITY, GIVE STREET ADDRESS) CUPPETT—Weeks Nursing Home 126 USUAL OCCUPATION (179E OF WORK 126 K C) FOR MOST OF WORKING LIFE) Homemaker | | | | | | | | OR IN | OR INDUSTRY | | | |
| 375 | 130 ST | i residence (lary Lai | 113h COUN | or other institution, GI TY Tett | TITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO | | | | | | | 21550 | | | | | |
| 10 | 14, FA | THER'S NAME Ed.Wal | rd Dani | iel May | | LAST | | Mai | er's maiden | | Dwen | | | | LAS | | |
| ONOISI | N C | AS DECEASED | EVER IN U.S. AF | | | 0-12- | | Mrs | | liar | | | | | nd, Md. N. 2nd St. | | |
| AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHC ALTH AND MENTAL HYGIENE, DIVISION OPVITAL R CREMATION, OR REMOVAL. | Z. | PART I DEATH WAS CAUSED BY: Years Under June 1 Death WAS CAUSED BY: Years Years Years Years Years Due to, or as a consequence of Arteriosclerosis, generalized (b) Due to, or as a consequence of Arteriosclerosis, generalized (b) Due to, or as a consequence of (b) Due to, or as a consequence of (c) PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | | | | | | | | | | | | | | | |
| USED AS A E OF HEALTH , CREW , CREW | CERTIFICATION | 190. DATE OF | DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | 20 AUTOPSY? YES NO X | | | | | | |
| PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA STATE DEPARTMENT OF HEA STATE DEPARTMENT OF USE A STATE OF THE STATE OF TH | AL CERT | 21a. EXTERNA UNDERLYING CONTRIBUTION | - | 21b. TIME OF HOUR A.M | . MONTH | DAY YEA | | OW INJURY | Y OCCURRED |) (ENTERN | IATURE OF IN | JURY IN ITE | M 1B PAR | IT I OR PAR | RT 2) | N | |
| ATE DEPA | MEDICAL | 21d. INJURY O WHILE AT WORK | | 21e. PLACE (STREET, FAC | OF INJURY TORY, FARM, I | | | CATION | | | CITY OR TO | DWN | | cor | YTML | | STATE |
| TO CUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 | | ACTUAL SIGNATURE EXAMINER'S NAME James H. Feaster, Jr., M. D. ADDRESS Autapsy , Inspection , Inquiry X, and in my apinion , Inquiry , Inquiry X, and in my apinion , Inquiry , Inquiry | | | | | | | | | | | nd | | | | |
| PAG BAFI | 230.Bl Bi | urial, cremat specify arial | ION, REMOVAL | ^{23b. DATE} Februa: | | 8, 19 | | | | 23d. LO | CATION PRTOWN Hynd | | | | | | i ^{ATE} , Pa |
| AH - 17 5 AME (5)) | 24 FU | uneral direc atvey | H. Zej | gler,~My | ndma | an, P | A. 1 | 5545 | 250. DATE R | R 4 | REGISTR 198 | | REGIST | RAR'S S | L CM | RE. | 4 |



- STATE

REGISTRAR

Retail 120 N. Third Street 21550 Davis 631 S. Third Street Oakland, Maryland 21550 TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 771. DATE SIGNED DIRECTOR PHYSICIAN 21550 Md. Oakland Garrett Burial Oakland Cemetery 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) Oakland, Maryland Durst Funeral Home

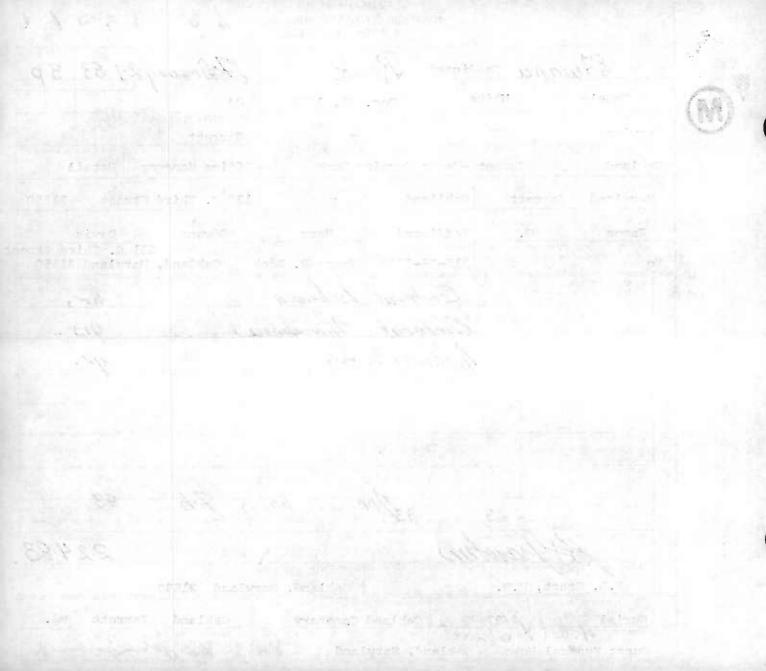
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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(VRA 15, 4)

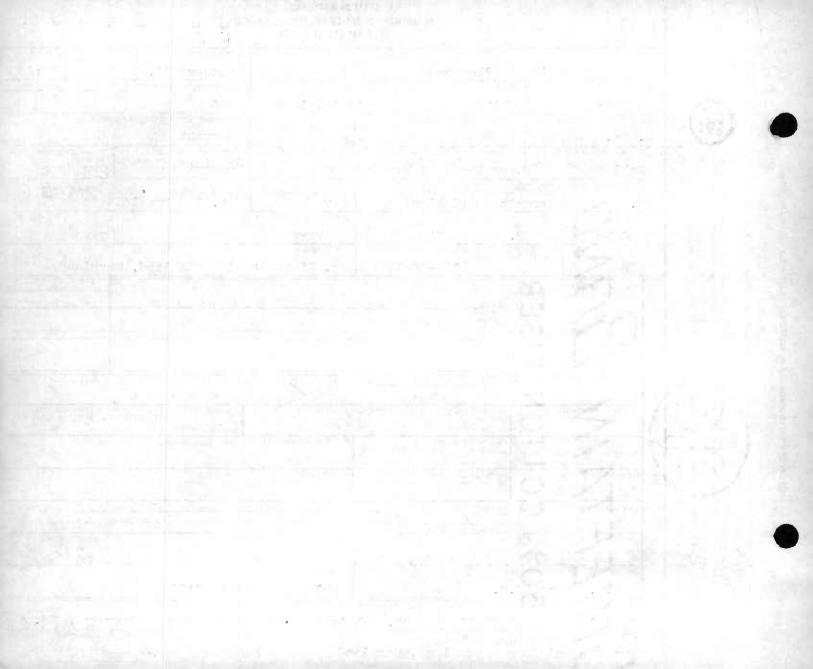
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Jenna Alta. W MAR 8 1383 y

STATE OF MARYLAND



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